

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90015 010 ****61.25

DOCUMENT # NO1000005055

1. Entity Name

HALO CREW, INC.

Principal Place of Business

**4207 WEST KNIGHTS AVENUE
TAMPA FL 33611**

Mailing Address

**4207 WEST KNIGHTS AVENUE
TAMPA FL 33611**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59 374 6420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLOWERS, RICHMOND C
C/O PIPER MARBURY RUDNICK & WOLFE LLP
101 EAST KENNEDY BLVD SUITE 2000
TAMPA FL 33602**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **MALPASS, DEANNA**
STREET ADDRESS **12717 TAR FLOWER DRIVE**
CITY-ST-ZIP **TAMPA FL 33626**

TITLE **D** ☐ Change ☒ Addition
NAME **Kortens, Christina**
STREET ADDRESS **14637 Corkwood Drive**
CITY-ST-ZIP **Tampa FL 33626**

TITLE **D** ☐ Delete
NAME **MATTHEWS, TARA**
STREET ADDRESS **4207 WEST KNIGHTS AVENUE**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **D** ☐ Change ☒ Addition
NAME **Scott, Brooke**
STREET ADDRESS **11327 Minaret Drive**
CITY-ST-ZIP **Tampa, FL 33626**

TITLE **D** ☐ Delete
NAME **SHELL, LOIS**
STREET ADDRESS **16515 TURNBURY OAK DRIVE**
CITY-ST-ZIP **ODESSA FL 33556**

TITLE **D** ☐ Change ☒ Addition
NAME **Reedy, Kellie**
STREET ADDRESS **10127 Common Drive**
CITY-ST-ZIP **Riverview, FL 33569**

TITLE **D** ☐ Delete
NAME **EVANS, ALLISON**
STREET ADDRESS **10014 BRIDGETON DRIVE**
CITY-ST-ZIP **TAMPA FL 33626**

TITLE **D** ☐ Change ☒ Addition
NAME **Vaughn, Jenny**
STREET ADDRESS **10127 Common Drive**
CITY-ST-ZIP **Riverview, FL 33569**

TITLE **D** ☒ Delete
NAME **ALLISON, CHRISTINA**
STREET ADDRESS **2120 NE 42ND STREET #10A**
CITY-ST-ZIP **LIGHTHOUSE POINTE FL 33064**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **TORRES, SONDR**
STREET ADDRESS **9417 GREEN POINTE DRIVE**
CITY-ST-ZIP **TAMPA FL 33626**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ALLISON EVANS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/02 813 920 6423

CR2E037 (9/01)